



Division of Public Health - Licensure Unit  
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# Cosmetology and Cosmetology Instructor Renewal Notice

## TWO-YEAR RENEWAL

**YOUR COSMETOLOGY LICENSE EXPIRES DECEMBER 31, 2014.** THE RENEWAL FEE AND THIS DOCUMENT MUST BE **POSTMARKED ON OR BEFORE DECEMBER 31, 2014 TO AVOID EXPIRATION OF YOUR LICENSE.** An administrative penalty of \$10 per day up to \$1,000 will be assessed for practicing after your license expires.

<b>License #:</b>	
<b>Name:</b>	
<b>Address:</b> <input type="checkbox"/> CHECK IF NEW ADDRESS	
<b>City/State/Zip:</b>	

### COSMETOLOGY LICENSE

#### YOU MUST CHECK A BOX BELOW:

- ACTIVE \$118  
 INACTIVE No Fee  
 MILITARY WAIVER (No Fee Required)

Make fee payable to:  
**LICENSURE UNIT**  
(you will NOT receive a receipt)

### If you hold a COSMETOLOGY INSTRUCTOR License

Check Requested Status:

- ACTIVE \$50  
 INACTIVE No Fee  
 MILITARY WAIVER (No Fee Required)

**To renew your instructor license, you must also renew your cosmetology license.**

**FOR NAME CHANGES**, you must submit a photocopy of marriage certificate, divorce decree, court order, etc., to provide proof of legal name. If not submitted, the license will be issued in the name as it now appears on our records.

**ONLINE LICENSE RENEWAL:** You may renew your license online at <https://nebraska.mylicense.com/>. To register you will need your license number, your social security number, and a credit or debit card with a MasterCard or Visa logo.

**INACTIVE STATUS:** If you elect not to renew your credential, you may select Inactive Status. Inactive means that you cannot practice but may represent yourself as having an inactive credential. To change from Inactive to Active Status, you **MUST** contact this office for an application and meet the reinstatement requirements which are in effect at the time the status change is requested.

**ALL LICENSEES MUST COMPLETE THE FOLLOWING:**

1	To renew your credential, you must have a valid Social Security Number, Alien Registration Number, and/or I-94 Number. Enter your number below. If you have both a SSN and an A# or I-94 number, <b>you must report both.</b>	
	<b>Social Security Number:</b>	
	<b>Alien Registration Number:</b>	
	<b>Form I-94 (Arrival-Departure Record):</b>	
2	Were you convicted of a misdemeanor or felony in any jurisdiction between January 1, 2013 and December 31, 2014? If you answer <b>YES</b> to this question, you must submit the documents to the Licensure Unit: <ul style="list-style-type: none"> <li>• A list of any misdemeanor or felony convictions;</li> <li>• A copy of the court record, which includes charges and disposition;</li> <li>• Explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;</li> <li>• All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and</li> <li>• A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a	Have you held a credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services? (If you answer "No" to 3a, answer "No" to 3b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b	Has such credential been denied, refused renewal, or disciplined between? (If "YES", please provide a list of any disciplinary actions taken against your credential and a copy of the disciplinary action(s), including charges and disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE:** If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony conviction or credential discipline, you must report such actions to this Department within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). Failure to disclose any such convictions/credential discipline could result in disciplinary action.

**CONTINUED ON NEXT PAGE**

**VERIFICATION OF CONTINUING EDUCATION:** You **MUST** complete **8 hours of acceptable continuing education, or have met one of the waivers, between JANUARY 1, 2013 AND DECEMBER 31, 2014** in order for your license to be renewed on **ACTIVE** status (not required if you request inactive status).

<input type="checkbox"/>	<b>YES, I have or will complete at least 8 hours of continuing education between January 1, 2013 and December 31, 2014 (YOU ARE NO LONGER REQUIRED TO WRITE YOUR CLASSES ON THIS FORM)</b> <input type="checkbox"/> <b>If you are also an Instructor: Yes, I have or will also complete at least 4 hours of teaching methodology classes</b>
<input type="checkbox"/>	<b>MILITARY WAIVER:</b> I have served full-time duty in the active military service of the United States, or a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration during part of the 24 months immediately preceding the biennial licensure renewal date. (You <b>MUST</b> provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.) (Waiver is for continuing education and the renewal fee)
<input type="checkbox"/>	<b>INITIAL LICENSE WAIVER:</b> I was first licensed within the twenty-four (24) months immediately preceding the license renewal date (initial license first issued AFTER 1/1/2013). Date Issued: _____. (Waiver is for continuing education hours <b>only</b> --the renewal fee must still be paid)

Continuing Education criteria is as follows:

**Mandatory Hours:** You must complete at least 4 hours of Board approved continuing education. These hours will have a program number assigned or if completed in another State, must be approved by that State Cosmetology Board; these 4 hours cannot be homestudy. All 8 hours may be obtained through these mandatory hours.

**REMINDER TO INSTRUCTORS:** All Instructors (example; teaching styles, presentation methods, lesson planning, test development, teaching difficult students) and can be taken at a community college or other learning center.

**Optional Hours:** You may obtain 4 of the 8 hours in the following topic areas.

Homestudy programs (relating to cosmetology or any of the topic areas listed below) – Up to 2 hours **only**

CPR/First Aid - Up to 4 hours

Equipment use (used within the profession) - Up to 4 hours

People skills/special needs (other similar titles) - Up to 2 hours

Product knowledge (used within the profession) - Up to 4 hours

Marketing - Up to 4 hours

Technical School/University/College - Up to 4 hours – only the following types of courses are considered acceptable: (1) Practice Related; (2) Communications; (3) Humanities; (4) Sciences; (5) Business, i.e. Finance, Marketing, Computer, or other similar courses; and (6) Well-Being, i.e. Psychology, Sociology, or other similar courses

Applicable Licensing Examination - 2 hours

Barbering School classes - Up to 4 hours (barbering classes can not be used for both mandatory and optional hours)

Sanitation/Safety - up to 4 hours

**PLEASE COMPLETE THE FOLLOWING ATTESTATIONS:** **ALL** licensees must complete this section and this form **must be signed and dated**. For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

**Please check ONLY ONE of the boxes below:**

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a license under the Uniform Credentialing Act.

**ALIEN OR NON IMMIGRANT STATUS:** If you are a qualified alien lawfully admitted into the United States **OR** a non-immigrant lawfully present in the United States, **you must submit evidence** of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

Your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

**APPLICATION ATTESTATION:** I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete; and
3. I am of good character.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_